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# HAMILTON-WENTWORTH REGIONAL HEALTH UNIT ADMINISTRATIVE REVIEW





# HAMILTON-WENTWORTH REGIONAL HEALTH UNIT

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May 19, 1981

Councillor D. Lawrence  
Member of the Board of Health  
Hamilton-Wentworth Regional Health Unit  
74 Hughson Street South  
P.O. Box 897  
Hamilton, Ontario  
L8N 2A8

Dear Member:


We are pleased to submit to you the final Report resulting from the administrative review of the Hamilton-Wentworth Regional Health Unit, requested by the Board of Health.

Terms of Reference for the consultants conducting the review were approved on November 22, 1980. This Steering Committee was established to work with them to identify opportunities for improving the effective operations of the Board and the Health Unit and to develop a framework for action.

Until the Report has been reviewed by the Board, recommendations approved, and a plan of action adopted, we would ask that the Report be treated as a confidential document. This should ensure that confusion does not result regarding differences in recommendations and approved policy.

We look forward to meeting with you on May 25, to review the Report.

Yours sincerely,



Pat Valeriano  
Chairman

Joan McGluskey



Ian Cunningham  
Medical Officer of Health

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5. The Health Unit does not have formal planning processes which relate budgeting to programs, and provide for monitoring of staff, program, and organizational performance.

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6. Members of the Board do not share an understanding of their responsibility for the Child and Adolescent Services Unit and the Family Planning Clinic.

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At the request of the Chairman, these issues are elaborated in the report, and specific recommendations are made to address them. The Framework for Action describes in greater detail the actions suggested and includes a timetable for implementing the recommendations. An Annual Framework for Action is also included to assist the Board and the Medical Officer of Health in co-ordinating special activities with major ongoing administrative and planning functions.

The Appendices form a significant part of this report. They suggest models for planning, proposals to the Board, administration and policy development. They are referenced in both the Issues and Recommendations and the Framework for Action, and are intended as aids to both the Board and the Medical Officer of Health.



ISSUES AND RECOMMENDATIONS

ISSUE #1

THE HAMILTON-WENTWORTH BOARD OF HEALTH AND THE MEDICAL OFFICER OF HEALTH DO NOT HAVE A COMMON UNDERSTANDING OF THEIR SHARED AND SEPARATE RESPONSIBILITIES.

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Examination of the Minutes of the Board, attests to the Board's increasing involvement in the day-to-day management of the Health Unit resulting from the need to feel more involved and in control of its affairs. Expenditure of a large part of the Board's energies in detailed administration and management, however, has required trade-offs in the areas of planning and policy development. The resulting lack of organizational goals, priorities and comprehensive policies to guide staff in day-to-day decision-making has, in turn, placed even greater demands on the Board and resulted in a high level of frustration affecting both staff and Board.

Concurrent with this involvement by the Board in the management responsibilities of the Medical Officer of Health has been the exercise by the Medical Officer of Health of some of the Board's decision-making authority. Interviews with Board members indicated that the Board has not been sufficiently involved in the consideration of options for decisions which influence or determine the priorities, objectives and activities of the Health Unit.

## ACTION

It is recommended that the following division of responsibility between the Board and the Medical Officer of Health be considered as the basis for developing a common understanding of their roles. The Board, as the governing body, is the policy-maker of the organization and is responsible for monitoring activities. It is accountable to the community. The Medical Officer of Health advises the Board on policy. As the chief executive officer of the Health Unit he is responsible for the implementation of Board decisions, is the manager of all aspects of Health Unit activity and he is accountable to the Board.

The following description of administrative, management, and planning functions is provided to clarify further the relationship between the Board and the Medical Officer of Health.

### A. PLANNING

Board - establishes overall objectives and priorities for the organization to meet the needs of the community.

MOH - as manager, directs staff in the assessment of community needs, and the development of alternatives and proposals for Board consideration. He acts as advisor to the Board in their review process.

### B. ADMINISTRATION

Board - establishes policies and procedures which govern staff in the operation of the Health Unit.

MOH - directs staff in the implementation of Board policies and procedures and is accountable to the Board for the day to-day operation of the Health Unit.



C. BUDGETING

Board - determines the allocation of resources in accordance with its objectives and priorities through approval of an annual Budget. The Board monitors overall expenditures at a level of detail appropriate to its organizational responsibility.

MOH - directs staff in the preparation of the Budget for Board approval and is responsible for ensuring that expenditures are in accordance with the approved Budget, and policies of the Board.

D. PROGRAMMING

Board - approves changes in the programs and services provided by the Health Unit and monitors and evaluates the effectiveness of the organization through regular review of program and service plans and evaluations.

MOH - as manager of the Health Unit, supervises the overall provision of programs and services, evaluates program effectiveness, and reports regularly to the Board on these matters.\*

E. STAFFING

Board - determines criteria and process for selection of senior staff and monitors their performance.

MOH - advises the Board on criteria for selection of senior staff, participates in the selection process, is responsible for the direct supervision of senior staff, and ensures regular staff performance appraisal.

\* NOTE: Legislated responsibilities of the Medical Officer of Health, in such areas as premises entry and closure or seizure of unwholesome food are outside the Terms of Reference of this Report.

In summary, the role of the Board is to empower, through policy, and to monitor, while the Medical Officer of Health is advisor and implementor.

Achievement of the Board's objectives requires consultation with and the support of the Medical Officer of Health. He, in turn, requires the support and approval of the Board to carry out his role within the Health Unit and the community. Management of the day-to-day affairs of the Health Unit is the task of the senior staff. The Board approves the policy framework within which this management function is carried out and monitors activity through regular reports.

#### ISSUE #2

THE HAMILTON-WENTWORTH REGIONAL HEALTH UNIT REQUIRES ADDITIONAL EXPERTISE IN FINANCE AND ADMINISTRATION.

Interviews with Board members, Health Unit staff, and staff of the Region indicated an excessive reliance on the Region for all financial and budgetary services. Neither Board members nor staff felt sufficiently informed of the details of the Health Unit's financial affairs. Although the Region routinely provides financial data there is no internal expertise available to provide the Board and senior staff with analyses and interpretation. The lack of an adequate administrative skill base has also contributed to underdeveloped planning and monitoring functions for the organization and inefficient use of Board and senior staff time and resources.

#### ACTION

It is recommended that the Board increase the administrative skill base of the Health Unit by recruiting a qualified Business Administrator and Support Services Manager.



This action is discussed in relation to the other recommendations of this report in the Framework for Action - Item 1. Detailed role descriptions for these two positions are provided in Appendix VI and may form the basis of formal job descriptions.

The detailed role description for the Business Administrator suggests that the responsibilities of Secretary and Treasurer to the Board be assigned to this position. At least three models are possible for delegating and supervising these responsibilities. In one model, the Business Administrator acting as Secretary-Treasurer, reports to the Board for these specific duties, and is supervised by the Medical Officer of Health in all other areas of responsibility. This model may result in diffusion of responsibility and lack of clear accountability to the Board for carrying out these secretarial functions.

The second model, in which the Business Administrator reports solely to the Board undermines the Board's ability to establish responsibility and assign accountability. The organization loses the focus of a single manager, and the effectiveness of the organization may be seriously diminished.

The third model recognizes the potential difficulties previously described. In this model, the Business Administrator is responsible and reports to the Medical Officer of Health in all matters. The Medical Officer of Health is, in turn, accountable to the Board for the performance of the duties of Secretary and Treasurer by the Business Administrator. This model provides the Board with a single focus, in the Medical Officer of Health, for responsibility and accountability for all operations of the Health Unit. This is the recommended model and is supported by both existing and proposed legislation.

ISSUE #3

THE OVERALL FUNCTIONING OF THE HAMILTON-WENTWORTH REGIONAL HEALTH UNIT MAY BE IMPROVED BY THE DEVELOPMENT OF COMPREHENSIVE ADMINISTRATIVE POLICIES AND PROCEDURES TO GUIDE SENIOR STAFF IN DAY-TO-DAY DECISION-MAKING.

Although the Board has made decisions of a policy nature to deal with specific problems as they have arisen, the decisions have not been formulated into comprehensive policies to guide staff in the operation of the Health Unit. In consequence, a policy framework does not exist to govern the administration of the Health Unit and permit staff to act with the confidence of Board support. The routine decisionmaking of administration has increased the workload of the Board and limited the effectiveness of senior staff. In the absence of a policy framework, the resulting ad hoc nature of the Board's decision-making process leaves the Board subject to risks of personnel problems, legal action and inefficient use of resources.

ACTION

It is recommended that the Board direct the preparation of a comprehensive set of draft policies for its review and approval.

In order to establish clear responsibility and accountability for developing policy proposals, the Board should direct the Medical Officer of Health to ensure the preparation of the following;

- a) options for a policy format for Board consideration;



- b) an inventory of areas where policy is required for the Health Unit.
- c) a comprehensive set of policy proposals for Board consideration and approval (using outside expertise as required or as directed by the Board).

The Framework for Action, in items 4 and 5, suggests a time schedule for these activities. Appendix I provides a basis for the development of an inventory for policies, and illustrates one type of policy model.

#### ISSUE #4

OPPORTUNITY EXISTS FOR SIGNIFICANT IMPROVEMENT IN THE AREA OF COMMUNICATIONS AND INFORMATION FLOW BETWEEN THE BOARD AND SENIOR STAFF.

Board Minutes, as currently accepted, do not properly convey to staff and Board members the decisions made, additional conditions upon decisions, staff actions expected, and follow-up necessary.

Staff reports, on the other hand, do not recognize the information needs of Board members to keep abreast of activities within the Health Unit. Background information, an examination of alternatives, and an analysis of their implications are sometimes not presented in a format or to an extent which promotes full participation by the Board in the planning process.

Similarly, the financial data prepared monthly by the Region is not in a format, and does not include analyses which are conducive to planning, decision-making and financial monitoring.

Effective communication between the Board and staff is recognized as essential. Both Board and staff are responsible for ensuring that sufficient and useful information is being requested and transmitted.

#### ACTION

To assist the Board and staff in strengthening communications it is recommended that standard formats be adopted for transmitting various types of information, and for ensuring that Board Minutes reflect the carrying out of business by the Board.

Appendix II suggests a model for submitting an annual Budget Report, to accompany the Budget request, which would inform the Board of the financial impact of programs, historical growth, and program costs. A suggested format for proposals to the Board is also included in Appendix II. The format is designed to ensure that the Board is sufficiently informed of alternatives considered, and is more closely involved in the planning process.

Appendix IV contains suggestions for drafting By-laws for the operation of the Board. More formal procedures at meetings should enable the Secretary to prepare Minutes which are informative, decision-oriented, and specific in directions given to staff. The guidelines also contain reference to the preparation of Minutes and the Agenda, and suggest that a format should in fact be codified in the By-laws.

It is also recommended that the Board and the Medical Officer of Health develop guidelines for his monthly report to the Board. Regular information should be received by the Board in the areas of program up-dates and evaluation; needs assessment, and data analyses; operational planning and implementation; and an update of the activities of the Medical Officer of Health in the community.



ISSUE #5

AT PRESENT THE HAMILTON-WENTWORTH HEALTH UNIT DOES NOT HAVE FORMAL PLANNING PROCESSES WHICH RELATE BUDGETING TO PROGRAMS AND PROVIDE FOR MONITORING OF STAFF, PROGRAM AND ORGANIZATIONAL PERFORMANCE.

Mechanisms are not established which allow the Board to monitor the level and quality of services provided, and measure the progress of planned activity. An approved format for performance appraisal of staff is not currently in place and program evaluations have not been routinely utilized as feedback mechanisms to determine necessary changes in priorities and objectives. In consequence, the Board's approval of annual Budgets has occurred without regular evaluation of the services provided.

In addition, although senior staff met as a Core Committee they lacked both the mandate and a format legitimized by the Board to contribute to the overall management and co-ordination of Health Unit programs or policy development and implementation.

ACTION

It is recommended that the Board adopt a formalized planning process which recognizes the complementary nature of budgeting and programming. Operational Planning in Appendix II is intended to describe the basic elements of a planning system and relate these to the needs of the Health Unit.

It is suggested that the existing Core Committee be re-structured to form a Management Committee under the chairmanship of the Medical Officer of Health. As detailed in the Framework for Action, point 2, the Management Committee should draft its Terms of Reference for approval by the Board, to take account of its central staff role in program co-ordination, organizational planning, evaluation,

budgeting and financial management. A more detailed description of the role of the Management Committee is included in Appendix VI to assist in drafting the Terms of Reference.

Performance appraisal coupled with program evaluation, assists the Management Committee and the Board in identifying and addressing problems and ensures that both individual and program contributions to serving the needs of the community are regularly assessed.

#### ISSUE #6

MEMBERS OF THE BOARD DO NOT SHARE A COMMON UNDERSTANDING OF THEIR RESPONSIBILITY FOR THE CHILD AND ADOLESCENT SERVICES UNIT AND THE FAMILY PLANNING CLINIC.

Interviews with Board members revealed that they were not all familiar with the purpose of these two programs, the nature of their activities in the community and the Board of Health's legal responsibility for them.

#### a) Family Planning

The Ontario Government has authorized every health unit in the Province to ensure the provision of family planning services in its area. This responsibility may be carried out directly by the health unit, or indirectly through an existing agency. In the latter case, the Board of Health is to act in a liaison, monitoring and funding role and ensure that:

- . Ministry of Health and Board of Health policies are implemented;
- . staff selection and activities are appropriate; and
- . a reporting mechanism is established in accordance with Ministry of Health requirements.

In Hamilton-Wentworth, the Health Unit has elected to provide family planning services through Planned Parenthood which operates a Family Planning Clinic. The Clinic is fully funded by the Ministry of Health through the Health Unit.

#### ACTION

It is recommended that the Board ensure the delivery of services, and specify its role and responsibilities through a formalized agreement or contract with Planned Parenthood. The agreement should specify philosophy, goals and objectives, specific components of the service to be provided, the responsibility of the Medical Officer of Health or his delegate for supervision and liaison, the quality of care or service to be provided, and the staffing of the service.

In order to ensure an optimal level of integration with other related Services in the Health Unit, responsibility for actual supervision of the Family Planning Clinic should be delegated to the Director of Nursing. Due to the special funding arrangements, the Business Administrator will provide additional support to the Clinic and the Director of Nursing in developing its annual budget.

The Board of Health should monitor the delivery of services, and the conformity to Board policies and priorities.

#### b) The Child and Adolescent Services Unit

The Child and Adolescent Services Unit is one of only two such units attached to health units in the Province. Funding is provided at 100% through the Ministry of Community and Social Services (ComSoc) although responsibility for the program and its impact on the community remains with the Board of Health.



ACTION

It is recommended that a comprehensive review be undertaken of the relationship of the Child and Adolescent Services Unit to the Health Unit and that the Board consult the Ministry of Community and Social Services to determine the appropriate review mechanisms.

The Child and Adolescent Services Unit is currently attempting to define its role and specialization and negotiate these with ComSoc and other agencies. Once the philosophy, goals and objectives of the Unit are established, the review should examine how they relate to those of the Health Unit. Other possible sponsors should be explored with ComSoc to determine which might be more appropriate given current client groups and services. This is not to say that the Health Unit is not the most appropriate sponsor but rather that historical practice alone should not be the sole criterion.

A review will more clearly define the role of the Child and Adolescent Services Unit in the community and will ensure that the Board is aware of the purpose and nature of the activities of this program. Should the Health Unit prove to be the most appropriate location for this service, the results will assure continuing Board support for the Child and Adolescent Service Unit.

## HAMILTON-WENTWORTH HEALTH UNIT

### FRAMEWORK FOR ACTION

#### I. PURPOSE

The Framework for Action suggests activities which will address specific issues and opportunities identified in the review and contribute to the overall effectiveness of Board and Health Unit operations. This strategy includes proposed timeframes and the sequence of events which should take place over the next fifteen months.

An annual Framework for Action has also been included to assist in planning for the ongoing functions of the Board, the Medical Officer of Health and the senior staff.

#### II. OUTLINE

A. PERIOD - 15 months.

B. ACTIVITIES:

(1) Increase financial and administrative capability:

- recruit Business Administrator;
- re-align duties of Secretary-Treasurer to Support Services Manager.

(2) Increase planning capability:

- appoint Management Committee;
- terms of reference to strengthen role.

(3) Develop Blueprint for Policy for Health Unit:

- define policy and process of development and amendment;
- establish schedule for drafting and approval of major policies.

(4) Develop detailed policies and policy manuals:

- i) personnel policy;
- ii) administration policy.

- review by Management Committee;
- review by appropriate Board Committees;
- approval by Board.

(5) Develop initial planning targets:

- assess impact of Accreditation Proposal;
- assess impact of Core Programs Proposal;
- develop priorities for implementation.

(6) Develop statements of purpose for the Health Unit and for individual services:

- develop statements of philosophy, goal, and objectives for organization;
- develop statements of philosophy, goal, and objectives for Services;
- review by Management Committee;
- approval by Board;
- develop statements of operation for the Board;
- approval by Board.



- (7) Define planning systems for the organization:
  - outline activities;
  - develop target levels - manpower, etc.;
  - use of information systems.
  
- (8) Develop orientation package for new members:
  - define roles of staff and Board;
  - describe major policies, philosophy, goals.
  
- (9) Audit support systems to ensure cost-effectiveness:
  - equipment, property;
  - staff;
  - performance appraisal processes.
  
- (10) Evaluate effectiveness of detailed policy framework.

### III. DETAILED ACTIVITIES

#### (1) INCREASING FINANCIAL AND ADMINISTRATIVE CAPABILITY

The creation of two new positions, Business Administrator and Support Services Manager, will increase the administrative skill base of the Health Unit, particularly in the areas of budgeting and financial administration. This will improve overall cost-effectiveness in the organization and will free the time of other professionals for more effective planning activities.

As soon as possible, the Board should approve job descriptions for the Business Administrator and Support Services Manager, and recruitment should be completed. The detailed role descriptions for these two positions contained in Appendix VI, should serve as a basis for developing job descriptions. The position of Secretary-Treasurer, as presently constituted, should be deleted as the responsibilities of this position will now be assigned to the Business Administrator and the Support Services Manager.

All administrative functions should be delegated to the Business Administrator, who, under the supervision and direction of the Medical Officer of Health, will develop administrative and personnel policy proposals, as detailed in (5) below.

Completion: Job Descriptions - June 1981

Recruitment - August 1981

Participants: Board, Medical Officer of Health  
(Selection Committee)

(2) INCREASING PLANNING CAPABILITY

In order to strengthen the planning capability of the Health Unit, senior staff should form a Management Committee which, under the direction of the Medical Officer of Health, will be the operational or staff focus for planning and program co-ordination within the Health Unit. The existing Core Committee should be dissolved and the following senior staff members should form the new Management Committee: MOH, Associate MOH, Director of Nursing, Director of Inspection Services, Business Administrator, Director of Dental Services, Public Health Nutrition and, until some decision is reached regarding the program, the Director of the Child and Adolescent Unit. Based upon the Role of the Management Committee described in Appendix VI, the Management Committee should develop Terms of Reference for approval by the Board.

Completion: Management Committee

Terms of Reference - July 31, 1981

Participants: Medical Officer of Health, Board of Health  
Senior Staff

(3) DEVELOPING A BLUEPRINT FOR POLICY

A common understanding by staff and Board members of the process for developing, amending, and implementing policy is necessary to enable the Board to carry out its mandate effectively.

The policy development process should begin with a general definition of policy and a policy model which includes:

- statement of purpose or intent,
- body or text,
- date,
- number (for cataloguing purposes),
- signature of Chairman, and Secretary, and  
corporate seal (original only).



In developing the Blueprint, Management Committee should examine the immediate needs of the Health Unit, and develop a plan for the review and approval of detailed policies taking account of recommendations in this Framework for Action and in the Appendices.

Completion: Board Approval - September 1981

Participants: Determined by the Board

(4) DEVELOPING DETAILED POLICIES

The Management Committee should co-ordinate the development of detailed policy proposals for Board consideration and approval. (See Appendix I).

Comprehensive policies should be drafted by staff for review by the Management Committee. The recommendations of the Management Committee should be considered by the Finance, Personnel and Property Committee in the case of administrative policies and by the Program and Services Committee in the case of program policies.

- (i) Personnel Policy - the development of a comprehensive Personnel Policy should be one of the first priorities of the Board of Health and should be drafted by the MOH and the Business Administrator. A model for the Personnel Policy is included in Appendix I.

Completion: Board Approval - March 1982

Participants: Medical Officer of Health, Business Administrator - review by Management Committee

- (ii) Administration Policy Manual- should include the personnel policy, and all others related to administration of the Health Unit. The Medical Officer of Health and the Business Administrator should draft the various components of the Administration Policy Manual for review by the Management Committee and consideration and approval by the Board.

Completion: Board Approval - August 1982

Participants: Medical Officer of Health, Business Administrator - review by Management Committee

(5) DEVELOPING INITIAL LONG-TERM PLANNING TARGETS

The senior staff are presently involved in assessing the impact of proposals for Accreditation and Core Programs on the operations and programs of the Health Unit.

These proposals are both in the discussion stage at the Provincial level and further refinements are anticipated. Determining the impact of Accreditation and Core Programs will be a continuing process with further refinement necessary as new information is available.

As the process continues, the Management Committee can assess impact and develop proposals for priorities in implementation for consideration by the Board and its Committees. In this way, the Health Unit can ensure a planned approach to meeting the requirements of Accreditation and developing or expanding programs which may be required under the final Core Program legislation.

All recommendations to the Board should include background information as shown by the model Submitting a Proposal to the Board, in Appendix II of this report.

Completion: Ongoing.

Participants: Management Committee, Board

(6) DEVELOPING THE STATEMENTS OF PURPOSE

- (a) As part of the Accreditation process, health units will be required to develop a comprehensive statement of purpose which includes statements of philosophy, goal and objectives. These statements describe the general framework within which the plans of the organization may be developed and the progress of the Health Unit measured. They also help the leaders in the organization identify their responsibilities to the community.

STATEMENTS OF PHILOSOPHY, GOAL and OBJECTIVES are to be developed for both the total organization (i), and for each program or service (ii).

- (i) Completion: Board Approval - October 1981  
Participants: Service Directors, Medical Officer of Health
- (ii) Completion: Board Approval - January 1982  
Participants: Management Committee
- (b) Under the direction of the Medical Officer of Health, the Management Committee should draft proposed By-laws or Statements of Operation for the Board and Committee meetings. Alternatively, if the Board so directs, an ad hoc committee of the Board or Board and staff may draft proposed by-laws for Board consideration. These draft By-laws should not complicate proceedings, or be overly cumbersome, but should aid the Board in operating efficiently and effectively.

Completion: Board Approval - January 1982  
Participants: Medical Officer of Health, Business Administrator, Board.



(7) OPERATIONAL PLANNING SYSTEM FOR THE HEALTH UNIT

Several planning systems have been developed to assist organizations in planning activities and results and monitoring program and organizational progress in achieving goals and objectives. The Management Committee should examine these various systems (e.g., Management by Objectives, Management by Results, Work Planning) and develop a proposed system which would best assist the Health Unit in defining and achieving its goals and priorities.

An operational plan describes the objectives, major activities, resources required and measurements by which the organization can assess its progress. The operational plan should be reviewed in concert with the Budget Report thereby allowing consideration of resources requested and results to be achieved.

In developing a planning system, the emphasis should be on a manageable, workable tool which contributes to the overall effectiveness of the Health Unit. In support of that objective, it should incorporate information from current data and reporting systems.

The Board should review the proposed operational planning system prepared by the Management Committee and should monitor its implementation.

Completion: Board approval - April 1982

Participants: Management Committee

(8) DEVELOPING AN ORIENTATION PACKAGE

An orientation package should be developed for new members of the Board of Health to ensure that they have the information necessary to accomplish their mandate. The orientation package may include such information as the

previous year's budget, and all approved statements of philosophy, goals, and objectives for the Health Unit and all programs.

The Medical Officer of Health should ensure that the orientation package is distributed prior to the first meeting of the incoming Board. As well, the MOH and Chairman, or Past Chairman may make a presentation describing the services of the Health Unit, its mandate, and the role of the Health Unit in the community.

Completion: Presentation to Board - December 1981

Participants: Medical Officer of Health, Chairman, Past Chairman

(9) AUDITING SUPPORT SYSTEMS

The Business Administrator and the Support Services Manager should conduct an audit of all support systems with a view to improving general efficiency and increasing the capacity of the support systems of the Health Unit.

Recommendations resulting from the audit should be reviewed by the Management Committee and a plan for improvement developed. The recommendations and plan for improvement should be presented to the Board by the MOH for approval.

It is the responsibility of the Business Administrator to ensure that efficient and effective support systems are maintained in the organization.

Completion: Board approval - November 1982

Participants: Business Administrator, Support Services Manager, Management Committee

(10) EVALUATING THE EFFECTIVENESS OF THE POLICY FRAMEWORK

At the end of the first six months, a summary of progress should be prepared regarding the implementation of recommendations adopted from this Review. Policies which have been adopted or are in the development stage should be noted. This summary should act as a guide to the Board to assist them in developing their plan of action for the next year.

The Medical Officer of Health should prepare the summary report for review by the Management Committee before presentation to the Board for approval.

Target Completion: Board receipt - November 1981

Participants: Medical officer of Health,  
Management Committee

The following Flow Chart is intended to provide a convenient checklist for the Board and senior staff of actions recommended, participants, and timeframes.



# HAMILTON WENTWORTH REGIONAL HEALTH UNIT - FRAMEWORK FOR ACTION 1981

JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Presentation of consultant's report	Approve Job Descriptions and Selection Committee	Approve Appointment of Business Administrator and Support Services Manager	Approve Blueprint for Policy	Approve H.U. Philosophy Goal and Objectives	Receive Medical Officer of Health Progress Report	Approve Program Philosophy, Goals and Objectives
					Program Comm. Review Report on Core and Accreditation	
					P.C. Review Program Philosophy Goal and Objectives	Receive Orientation Package
<hr/>						
Finalize Job Descriptions Recruitment Process						
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Ad Hoc Committee on H.U. Philosophy Goals and Objectives						
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Develop draft Blueprint for Policy, Business Administrator						
<hr/>						
Review other H.U. policy manuals						
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Review compilation of Board policy decisions						
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Continuation of compilation of Board Policy Decisions						
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Develop Terms of Reference						
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Complete Review of implications of Core Programs						
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Complete Review of implications of Accreditation						
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Develop report for Board on Core and Accreditation Impact						
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Develop program statements of Philosophy Goals and Objectives						
<hr/>						
Develop draft Personnel Policy package						
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Budget Preparation - revisions, update, as required						
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Prepare Board Orientation Package						
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Prepare Progress Report						
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Prepare Draft By-laws for Board						
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Budget participation and review						
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Review of Blueprint for Policy						
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Develop Terms of Reference						
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Complete Review of implications of Core Programs						
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# HAMILTON WENTWORTH REGIONAL HEALTH UNIT - FRAMEWORK FOR ACTION 1982

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST
<p>Approve By-Laws</p> <p>Approve 1982/83 Budget; Submit to Region</p>	<p>Submit Budget to Ministry</p> <p>Review Report on Accreditation and Core Programs</p> <p>FP &amp; P Committee review Personnel policy manual</p>	<p>Approve Personnel Policy</p>	<p>Approve Operational Planning System</p>	<p>Prepare Progress Report</p>	<p>Receive Medical Officer of Health Progress Report</p>	<p>FP &amp; P review Admin. Policy manual</p>	<p>Approve Administrative Policy Manual</p>
<p>Direct Program Evaluations</p>							
<p>Develop draft Administration Manual (continuing)</p>							
<p>Develop draft administration manual (continuing)</p>							
<p>Review Personnel Policy Draft</p>							
<p>Develop operational planning system for health unit</p>							
<p>Review Adminis. Manual</p>							
<p>Evaluation of programs and review of results</p>							

BOARD

MEDICAL OFFICER OF HEALTH

BUSINESS ADMINISTRATOR

MANAGEMENT COMMITTEE

# HAMILTON WENTWORTH REGIONAL HEALTH UNIT - FRAMEWORK FOR ACTION 1982

SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Priorities Direction to Staff	Approve Recommend- ations of Support Service Audit	Orientation of New Board	P.C. Comm. & FP & P review Budget Pro- posal & Operational Plan
FP & P Review of Audit Report	Receive Medical Officer of Health Progress Report		

BOARD

MEDICAL OFFICER  
OF HEALTH

Direct preparation of Operational  
Plan for 1982-83

Advise Board on  
Priorities

Prepare Progress  
Report

Budget Preparation

BUSINESS  
ADMINISTRATOR

Audit of Support  
Staff Systems

Review of Audit and  
Recommendations

Preparation of Operational Plan for 82-83

MANAGEMENT  
COMMITTEE



## ANNUAL FRAMEWORK FOR ACTION

### I. PURPOSE

The Annual Framework for Action is included to assist the Board and the Medical Officer of Health in co-ordinating special activities with major ongoing administrative and planning functions.

### II. OUTLINE

#### A. PERIOD - one year, annual

#### B. ACTIVITIES

##### (1) Orientation of New Board Members:

- update and distribute orientation information;
- presentation by MOH, appropriate senior staff, and past Chairman.

##### (2) Submission of Budget:

- incorporate Provincial budget guidelines;
- submit request to Regional Municipality of Hamilton-Wentworth;
- approval of Budget by Board;
- submit approved Budget to Ministry of Health.

##### (3) Implementation of Approved Budget:

- negotiate re: program allocations;
- implement program changes.

##### (4) Performance Appraisals:

- evaluation of each member of staff;
- design an individual program for improvement.

(5) Review of Programs:

- evaluative review of each program or service;
- develop plan for improvement of program;
- report to Board.

6) Develop Annual Plan or Forecast:

- for the next fiscal year;
- Board review and approval.

7) Negotiation of Collective Bargaining Agreement:

- appoint Bargaining Team;
- Negotiation Committee establishes guidelines;
- Negotiation Committee reviews agreement;
- approval by the Board.

8) Develop Budget for Next Fiscal Year:

- Business Administrator and Regional advisors draft budget;
- review by Management Committee;
- review by Finance, Personnel, and Property Committee;  
(not approved by Board until after Ministry Guidelines received).

These activities are shown in the following Flow Chart.

# IRAMITON-WENIOWORTH REGIONAL HEALTH UNIT - ANNUAL FRAMEWORK FOR ACTION

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST
		Prog. Committee review of quarterly operational plan reports		Approval of Policy proposals			P.S. Comm. Review of Prog. review report and recommendations
		FP & P review of financial reports		Committee review of policy proposals			
		On-going analysis of Epidemiological data - needs assessment and program development and consultation liaison with other agencies		Public Education			Advisor to Board
		Performance appraisal-senior staff		Directs ongoing program evaluation			
		Prep. of mthly. financial reports Board and senior staff					
		Prep. of Purchase, Personnel & Activity Reports for forwarding to Board					
		Preparation of Board Minutes					
				Performance Appraisal			
		Review of impact of final budget					
				Monitoring implementation of budget & programs			
				Program evaluation and review			
		Preparation of monthly activity reports					
		Public Relations Strategy					Review of policy proposals

BOARD

MEDICAL OFFICER  
OF HEALTH

BUSINESS  
ADMINISTRATOR

MANAGEMENT  
COMMITTEE

# UNMILITON WINTWORTH REGIONAL HEALTH UNIT - ANNUAL FRAMEWORK FOR ACTION

SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY
Review of Program approval of recommendations			Orientation Pkg. Annual approval of Bargaining position and team	Operational Plan and Budget Approval Submission of Budget to Region	Submission of Budget to Ministry
		Collective Bargaining Report to Negot. Comm. Recommendations	FP & P review of Budget Proposal		

Development of  
Orientation Package

Research for collective agreement  
Bargaining

Budget Preparation --revision up-date--

Budget Participation  
and Review

Preparation of Annual Operational  
Plan

## LEGEND

----- every two years  
as required

----- ongoing activity



## APPENDIX I

### MANUAL OF ADMINISTRATION

PURPOSE	I-2
FORMAT OF A POLICY STATEMENT	I-2
CIRCULATION AND AMENDMENT	I-3
POLICIES AND PROCEDURES	I-5
(A) Budget	I-5
(B) Financial Management	I-6
(C) Financial Reporting	I-7
(D) Personnel Policy	I-8
(E) Communications	I-12
(F) Property Management	I-13
(G) Supplies	I-14
(H) Miscellaneous	I-14
SAMPLE POLICY (COMPETITIVE PURCHASING)	I-16

NOTE:

It is suggested that policies established by the Board in the areas of general administration, personnel, budgeting, financial management, and property management be collected and developed for inclusion in a Manual of Administration. The following sections identify areas of administration for which policies have been or may be developed. The suggestions are not intended to be exhaustive, but rather, to illustrate the type of decision the Board will be asked to make in approving proposed policy.

MANUAL OF ADMINISTRATION

## PURPOSE

The Manual of Administration is the central vehicle to communicate Board policies to the staff of the Health Unit. The policies contained in the Manual should guide staff in day-to-day decision-making and ensure consistency in all areas of administration across the Health Unit.

## FORMAT OF A POLICY STATEMENT

PURPOSE	The basic objective of the policy; the end result it seeks to accomplish.
APPLICATION	To whom the policy applies.
DEFINITIONS	(if applicable)
POLICY STATEMENT	What those governed by the directive are obligated to do.
PROCEDURES	The details of how to proceed.
CONTROLS	The means to provide for assessment of compliance with the policy, e.g., vital information to be retained on file, reports to be submitted.

To illustrate the use of this format, a Sample Policy statement follows. Competitive Purchasing has been used as an example because it is usually a standard topic covered in Manuals of Administration and serves to illustrate a comprehensive policy statement. The proposed format and the sample policy were developed using the Manual of Administration, Government of Ontario, as a model.

CIRCULATION AND AMENDMENT

A. DISTRIBUTION AND ACCESS

The Manual of Administration should be readily available to all staff and Board members. A complete copy should be kept by the Business Administrator and by the Medical Officer of Health.

B. AMENDMENTS TO THE MANUAL OF ADMINISTRATION

Revisions or amendments to the Manual of Administration may be required periodically.

When the need for amendment to the Manual of Administration has been identified, staff will prepare a report to the Board indicating the following:

- . description of need for amendment; i.e., current situation and difficulty presented by current policy or lack of policy;
- . nature of proposed change;
- . impact of proposed change on present operations or procedures;
- . proposed policy statement, drafted according to approved format.

The staff report should be studied by the Finance, Personnel and Property Committee to consider compatability with existing policies and any financial impact.

The recommendation of the Committee and the staff report will then be reviewed by the Board prior to approval. (A formula may be in effect regarding amendments to the Manual of Administration. For example, a two-thirds vote or a simple majority may be required to add a policy or amend an existing policy.



The date of approval for amendment, or additions to policy should be recorded on the relevant policy. In recording appropriate changes in the various official copies of the Manual, the Business Administrator should register the change on a Revisions Record sheet kept at the beginning of the Manual. All official copies of the Manual should be updated punctually.

Changes, or additions to policy should be circulated to all senior staff who are responsible for informing their subordinates.

OUTLINE OF ADDITIONAL  
POLICIES AND PROCEDURES  
FOR INCLUSION IN A MANUAL OF ADMINISTRATION

A. BUDGET

1. Preparation

- define budget as estimate of costs for next fiscal year.
- define guidelines for program costing/estimating by Directors, e.g., direct costs, indirect costs, salaries.
- specify responsibility of Medical Officer of Health to ensure preparation of Budget.
- describe format of Budget submission to the Board, (See - The Budget Report to the Board, Appendix II).
- specify expected submission period for Budget report.

2. Approval

- define responsibility of Medical Officer of Health for submitting Budget in proper format.
- define role of Finance, Personnel and Property Committee for reviewing and recommending Budget.
- describe responsibility of Board to approve annual Budget.
- describe responsibility to forward approved Budget to the Regional Municipality of Hamilton-Wentworth, and the Ministry of Health.

ADDITIONAL POLICIES/PROCEDURES (Continued)

B. FINANCIAL MANAGEMENT

1. Authority of the Board

- define responsibility of the Board to superintend the financial affairs of the Health Unit and to require reports from staff regarding expenditures.
- define authority of the Board to delegate authority and responsibility for making decisions regarding expenditures.

2. Authority of staff

- define the authority of the Medical Officer of Health and senior staff to make decisions in all areas of expenditure such as purchase of services, staff training and development, travel expenses, and property and equipment purchase or lease.

3. Competitive Purchasing

- define the process to be utilized by the Board and staff to ensure competitive purchasing practices. (see sample policy on pages I-16 to I-19).

ADDITIONAL POLICIES/PROCEDURES (Continued)

C. FINANCIAL REPORTING

1. Responsibility of the Board

- define the responsibility of the Board to submit regular financial reports to the Ministry of Health and the Regional Municipality of Hamilton-Wentworth.
- define the responsibility of the Finance, Personnel and Property Committee to review the regular financial reports submitted by staff, and to report and make recommendations to the Board.
- define the responsibility of the Board to require adjustments to spending practices, or to determine the need for additional funds, when expenditures do not coincide with the approved Budget.

2. Responsibility of the Medical Officer of Health

- define the responsibility of the Medical Officer of Health to prepare and submit, financial reports to the Board.
- define information requirements of the Board and the frequency for submission of financial information by the Medical Officer of Health.

3. Responsibility of the Business Administrator

- define the responsibilities of the Business Administrator as Treasurer for the Board of the Health Unit.
- define responsibility of staff to prepare the books of the Health Unit, keep the accounts, and submit necessary information to the auditors.



ADDITIONAL POLICIES/PROCEDURES (Continued)

D. PERSONNEL POLICY

1. Job Description

- define the format and required content of job descriptions: responsibilities, duties, reporting relationships, qualifications, skills, and experience for all positions in the Health Unit.

2. Recruitment

- define the standard procedures to be followed in the recruitment of staff including:
  - . define the authority of Medical Officer of Health and Senior Staff to recruit staff,
  - . internal posting requirements,
  - . advertising requirements,
  - . candidate travel expenses allowable, relocation costs allowable,
  - . waiver of competition - promotion,
  - . equal opportunity statement,
  - . requirement for determining selection criteria,
  - . documentation of recruitment/selection process.

(i) Recruitment of Senior Staff:

- authority to hire Medical Officer of Health and Senior Staff, and statement regarding approval of Minister of Health,
- define the procedures to be followed in the recruitment of senior staff:
- composition of selection committee,
- requirements for determining selection criteria
- procedures in making an offer of employment

ADDITIONAL POLICIES/PROCEDURES (Continued)

3. Conditions of Employment

(i) Probationary Period

- describe requirements for probationary period for new appointments to full-time staff.
- define process of performance review of probationary staff and action to be taken on failure to meet requirements or excellence in performance.

(ii) Contract Staff

- define the requirements for a contract or letter of agreement for the employment of contract staff:
  - . salary, benefits, salary review period, notice of termination, rights and obligations on termination by either party.

(iii) Retirement

- define the compulsory retirement age, method for determining effective date of termination, and the actions necessary prior to the employee's retirement:
  - . completion of documentation for payroll, prior notification to employee, amounts for gifts or presentations, retirement benefits accruing after years of service.

(iv) Attendance and Absenteeism

- define attendance reporting requirement.
- establish procedures for addressing chronic absenteeism.
- hours of work; hours on call.

ADDITIONAL POLICIES/PROCEDURES (Continued)

4. Salaries and Benefits

(1) Salaries

- define salary classes for non-bargaining staff.
- stipulate effective dates for salary revisions and the factors which will determine changes in salary, and authority.
- define the procedures for establishing and controlling a Bargaining Team, and the objectives of the Board in selecting a team to bargain with unions on its behalf.
- define salary impact in instances of promotion, demotion, accelerated increase, or withholding of increases.

(ii) Benefits

- define established pension entitlements for bargaining and non-bargaining staff.
- define the vacation and sick leave entitlements for non-bargaining staff.
- define the approval authority and circumstances under which leave may be granted and the length of leave which may be taken:
  - . paid leaves, unpaid leaves, educational leave, bereavement, and jury duty.
- define the limits for accumulation of benefit credits.
- define the extent of transferability of credits of new employees.
- define the extent of support for staff development and required approval authorities.
- define the overtime benefits for bargaining staff:
  - . overtime benefits as part of union contracts,
  - . not applicable to management staff.

5. Performance Appraisal

- define the performance appraisal format to be used in evaluating staff performance.
- define responsibility for performance appraisal process.

(A Proposed Performance Appraisal System is contained in Appendix V. That system, or a modification thereof may be drafted in the appropriate format and included in the Manual of Administration.)



E. COMMUNICATIONS

1. Records Management

- define the access permitted to records of the Health Unit, i.e., this will include specific definition of the confidentiality of client and staff information, and the access permitted to confidential information. (Confidentiality requirements of The Health Disciplines Act state that medical records must be kept by the physician under his control.)
- define the responsibility of staff to maintain policy manuals ensuring that they are up-to-date and available to all staff and Board members.
- define the requirement to develop and ensure the maintenance of an efficient data storage and retrieval system.

2. Board and Committee Minutes

- define the responsibility for ensuring the preparation and distribution of Board and Committee Minutes and agendas.
- define the responsibility of the Board to maintain an official record of all Board and Committee meetings which is current, and available to the Board members.

3. Public Information; Press Releases

- define the authority of staff to release information to the public or make public statements regarding the policies and/or activities of the Health Unit.
- define the responsibility of the Board to keep the public informed of the services offered by the Health Unit.
- define the specific authority of the Medical Officer of Health to make public statements in support of or describing actions taken by him in accordance with his legislated responsibilities.

F. PROPERTY MANAGEMENT

1. Leasing and Purchase

- define the authority of the Board to require and review proposals from staff for purchasing or leasing property.
- define the authority of staff to carry out the responsibility of the Board for providing suitable accommodation for all programs and services of the Health Unit.

2. Maintenance

- define the responsibility of staff to ensure the maintenance of property, either owned or leased, according to appropriate health and safety standards.
- define the responsibility of staff in supervising building and equipment maintenance and repair services purchased (see Financial Management Section).

G. SUPPLIES

1. Purchasing

- define the authority of staff to purchase supplies, particularly office supplies required in providing the services of the Health Unit.

2. Inventory

- define the responsibility of staff to maintain a record of inventory which may be audited, and will be used each year in preparing a budget for the Health Unit.

H. MISCELLANEOUS

1. Conflict of Interest

- define the activities in which a staff or Board member would be considered to have a conflict of interest.
- define the actions which the Board may take towards or would request of a staff or Board member who has a conflict of interest.

2. Insurance

- define the various forms of insurance under which the Health Unit and its employees are covered:
  - . liability insurance, property insurance, extent of coverage.

3. Parking

- define the arrangements if any, which are to be made for staff and Board members' parking.



— — — — —

PURPOSE	To promote fair supplier competition and ensure the integrity of the Health Unit's purchasing transactions.
APPLICATION	This policy applies to all staff and Board members of the Health Unit and staff of associated programs, acting on behalf of the Board of the Health Unit and its staff.
POLICY STATEMENT	
1. <u>Product and Service Description</u>	<p>Whenever possible, product and service requirements shall be described in terms of performance, design or generic specifications in order to encourage supplier competition. In general, brand names shall not be specified unless accompanied by the words "or equivalent." However, when special circumstances make performance, design, comparative, or generic specifications impracticable, a written explanation, authorized by the Medical Officer of Health, shall be attached to the requisition and a copy retained on file for audit purposes.</p> <p>To simplify the purchase process, standard product specifications shall be developed whenever feasible for high volume and high value repetitively required items, and preference shall be given to Canadian products where practicable.</p>
2. <u>Supplier Selection</u>	<p>All interested suppliers shall be given a fair opportunity to bid on Health Unit business and the selection of those suppliers invited to bid shall be conducted in an objective and equitable manner. Whenever practicable, vendor lists shall be maintained by the Health Unit and shall be used for selecting the suppliers invited to quote.</p>

SAMPLE POLICY (Continued)

3. Obtaining  
Bids, Quotes  
and Proposals

3.1 Minimum      A minimum of three bids, quotes or  
Require-      requests for proposals shall be obtained  
ment      for all procurement actions, unless  
            explained in writing or explicitly covered  
            in this by-law (e.g. petty cash or small  
            value transactions).

3.2 Formal      Advertised or written invitations for  
Procedures      suppliers to submit bids, quotes or  
            proposals shall be used when product  
            and/or service requirements exceed  
            prescribed limits or meet other criteria  
            as described by the Board of Health.

3.3 Documen-      All bids, quotes and proposals for  
tation      products and/or services shall be  
            documented and retained for audit  
            purposes.

4. Public Opening      Whenever practicable, tenders shall be  
of Tenders      opened in public. At the opening only  
            the tender number, bidder's name and  
            address, and the amount of the bid  
            (total, partial or no bid) need be  
            announced and recorded.

5. Evaluation of      The evaluation of bids, quotes, and  
Bids, Quotes      proposals shall be based on objective  
and Proposals      and defensible criteria as described by  
            the Board.

SAMPLE POLICY (Continued)

6. Selection of  
the Successful  
Supplier      The Board shall accept the lowest responsible bids or quotes based on comparative full costs, including direct delivered, indirect, carrying, contingent and overhead costs.

Reasons for the non-acceptance of the lowest responsible bids or quotes, including prices on standing offers/ agreements negotiated by the staff of the Health Unit shall be documented and retained on file for audit purposes.

PROCEDURES

1. Approval of  
Proposed  
Expenditures      The Medical Officer of Health shall submit to the Board for approval a formal proposal for any expenditure for purchase of property, equipment, or service totalling more than \$ \_\_\_\_.
2. Request for  
Bids or Quotes      Upon Board approval of the proposal, the Medical Officer of Health shall instruct the Business Administrator to begin advertising an invitation to submit bids.
3. Minimum of  
Three Bids      The Business Administrator shall continue efforts to obtain bids until a minimum of three competitive bids are received. The confidentiality of the information provided in sealed bids, shall be maintained as specified in this policy.

SAMPLE POLICY (Continued)

4. Submission of  
Three Bids to  
the Board      A minimum of three competitive bids and the recommendation of the Management Committee shall be submitted to the Board for final choice.

CONTROLS

The Finance, Personnel and Property Committee shall monitor the process of inviting bids or quotes, and shall review all submissions.

The Finance, Personnel and Property Committee shall review the recommendations of staff and ensure their conformity with the policies of the Board.



## APPENDIX II

### REPORTS TO THE BOARD, AND MODELS FOR PLANNING, OPERATIONAL BY-LAWS

A. SUBMITTING A PROPOSAL TO THE BOARD	II-1
B. BUDGET REPORT TO THE BOARD	II-3
C. OPERATIONAL PLANNING	II-5

A. SUBMITTING A PROPOSAL TO THE BOARD

In order that the Board may make informed decisions, and that its Committees and the Management Committee are able to effectively review proposals, all proposals to the Board will include the following information:

SUGGESTED FORMAT

Issue:

- a concise statement of the issue or problem.

Background:

- an explanation of the issue including history and any previous Board decisions relating to the issue.

Options:

- a description of options considered, outlining the positive and negative aspects of each, with evaluating statements indicating which options are superior, and why.

Implications of Recommended Course of Action:

- an analysis of implications as specified below, cross-referenced to supporting documentation if provided:

a) Financial implications:

- costs,
- available funds,
- future costs. (annualized)

b) Personnel Implications:

- additional staff,
- re-allocation of staff,
- union implications.

c) Program Implications:

- relationship to other programs,
- impact on current program levels,
- other agencies in community.

Recommendations:

- The recommendation(s) should be worded as closely as possible to the desired decision, and should indicate target dates and progress reporting dates.

Evaluation:

The process and standards to be used for evaluation should be described, the data requirements outlined, and the date for the first evaluation indicated.

SUGGESTED PROCESS

All proposals to the Board should be reviewed by the Management Committee to ensure:

- . conformity with the goals of the organization,
- . co-ordination with existing programs of the Health Unit, and other agencies in the community, and
- . agreement with the priorities of the Health Unit, and, appropriateness of the contents of the submission.

Once the Management Committee has reviewed and recommended the proposal, it should be submitted to the Board for referral to the appropriate Committee(s) of the Board for review and recommendations. At this point, more information regarding the proposal may be required.

Upon completion of Committee review(s), the proposal and recommendations should be presented to the Board for review and approval. Implementation is then the responsibility of staff under the direction of the MOH.

B. BUDGET REPORT TO THE BOARD

The approved Budget is an important component of the planning process. Data should be provided to the Board in a format which readily permits examination or comparison of total individual program costs, and analysis of historical changes in costs of programs. Such analyses enable an organization to better identify growth trends, develop long-range projections, and balance conflicting demands for limited resources.

It is suggested that a Budget Report accompany the Budget submitted to the Finance, Personnel and Property Committee and the Board. This should aid the Board in assessing the financial impact of program changes. The following data, stated in accordance with generally accepted accounting principles, are suggested:

For the Health Unit as a whole -

## 1. Comparative Financial Data from Previous Two Years

## (a) Budget and Expenditure Data:

using a format which facilitates comparison show budget requests, approved budgets, and actual expenditures for previous years, sufficient to identify trends.

## (b) Revenue Data:

- describe in comparative format, revenues produced by the Health Unit in providing various services or materials to the public, and revenues from research grants, grants for 100% funded programs and cost-shared programs.

Information provided in the Budget Expenditure Data is the most useful for analysis of growth of the Health Unit and projection of future growth. The Revenue Data allows the Board to examine the overall impact of revenue-producing activities.

2. Comparative Budget for the Next Fiscal Year:
  - using a format consistent with the provision of historical data, provide an analysis of the Budget Request which, when approved, will be submitted to the Region and the Ministry of Health. This would include a description of the effects of annualizing costs of new programs or expansions.

This should highlight for Board consideration, Budget items which are significantly different than would be projected for the year based on previous years' expenditures.

#### For Individual Departments

1. Comparative Financial Data for each Program from Previous Two Years:
  - all revenues including fees, previous surplus, budget allocation; all expenses under general headings, previous deficit.
2. Comparative Budget for the Next Fiscal Year:
  - using a format consistent with the provision of historical data, provide an analysis of the Budget Request for each program, explaining significant differences from the previous years' budgets.

This information and analysis should enable the Board to identify trends in service delivery, balance demands from various programs for limited resources, compare budgeting practices with the goals and objectives of the organization, and project future service needs.



PURPOSE

Operational Planning, and the Budgeting process (which is also outlined in Appendix II) are complementary. The operational plans describe the impact of the budget on the activities of the Health Unit - the program changes, additions, and new initiatives.

Operational Planning is a cooperative exercise between the Board of the Health Unit, the Management Committee, and individual managers, supervisors and employees.

Operational Planning serves three functions in the organization and in the community:

1. It assists Directors and Supervisors in planning activities for the year and in establishing realistic targets, progress indicators and manpower distribution for their programs.
2. It provides the Board of Health with information on the major activities of the Health Unit; i.e., provides the opportunity to review planned service levels in relation to the approved philosophy, goals, objectives and priorities of the Health Unit and the particular service. Operational Planning Reports, usually twice yearly, allow the Board to monitor actual activity against planned activity. The reports reflect the resources required for the activities and are used in projecting budget problems.
3. Also it provides the municipality with information on the services to be provided to the community for the funds allocated.

Operational planning is intended to provide the planning link between philosophy, goals and objectives, and the budget and activities carried out during the year.

## PLANNING PROCESS

In an effort to describe the volume of activity carried out, operational plans may tend to become crowded with detail and indicators for which information is not routinely gathered. The guiding principles in developing operational plans should be realism, manageability, and simplicity.

## SAMPLE FORMAT

Attached is a sample format which may be used in the operational planning process. The format contains the most essential components for operational planning. There are, of course, many formats and approaches which would serve equally well in developing a planning process.

The key components of an operational planning process are described below, using as a reference, the sample format provided. It is important to note that this format, like most others, is equally applicable to individual programs, and to the Health Unit as a whole.

## DEVELOPING SERVICE OBJECTIVES

Only four or five key OBJECTIVES should be developed for each service. In order of priority, the statements of OBJECTIVES identify the specific aims or results which are intended to contribute to the goal of the service. These statements may be specific to programs provided by a service; e.g., school health program, immunization.

## SPECIFIC ACTIVITIES

The major actions which will be taken in order to achieve a specific objective should be described. The ACTIVITY statement should incorporate the expected result, for example, "to provide ... in order to ...". The actions should be described in descending order of priority.

### PROGRESS INDICATORS

The PROGRESS INDICATORS describe the factors by which the success of the activity is measured, or demonstrated. The scope or detail of the activity may be demonstrated in this section; e.g., number of immunization clinics, target groups, doses.

### TARGETS

The TARGETS state the planned level for each INDICATOR, e.g., number of clinics planned for the year. TARGETS and PROGRESS INDICATORS should incorporate data which is collected on a regular basis. A common error is the inclusion of INDICATORS for which data is not collected as a matter of course, e.g., telephone requests for information when such are not normally recorded.

### MANPOWER

A particularly useful factor in operational planning is the consideration of MANPOWER. Managers are encouraged to consider the costs in MANPOWER and, therefore money, of each ACTIVITY. This consideration draws comparison of costs with expected benefits (objectives).

### MEASUREMENT

At mid-year, and at year-end, the progress towards achievement of the objectives should be assessed and an analysis prepared for use by the Board, by the Management Committee, and by individual Directors and Supervisors. This process of analysis and reporting is not only for the purposes of monitoring progress, but also provides a point at which the effects on programme and plans may be assessed, of changing priorities, financial constraints, and unforeseen occurrences. The analysis feeds into the operational planning process for the next year, and is essential to a strong budgeting process.

OPERATIONAL PLAN  
EXAMPLE FORMAT

Date:

Service:

Philosophy:

Goal:

Objectives:

1. In order of priority

2.

3.

4.

# OPERATIONAL PLAN EXAMPLE FORMAT

Service:

Date:

Objective:

Activity	Progress Indicator	Target	Manpower
----------	--------------------	--------	----------

Statement of major activities carried out in support of the Objective.

. factors which can be said to measure the success of the activity, e.g., number of inspections, classes held, patients seen, number of visits.

Target service level In man-years

. should incorporate information from the normal reporting systems maintained in the Health Unit

. should also indicate the quality of service where possible, e.g., infractions corrected.



### APPENDIX III

STATEMENTS OF PHILOSOPHY, GOAL AND OBJECTIVES

STATEMENTS OF PHILOSOPHY, GOAL AND OBJECTIVES

The STATEMENT OF PHILOSOPHY is the general indication of what the Board of Health has defined as the role of the Health Unit in its particular environment. It determines the emphasis which the Health Unit considers appropriate in relation to prevention, promotion and protection.

The STATEMENT OF GOAL more specifically describes what the Health Unit realistically wishes to achieve in its emphasis. The goal statement assists the Governing Body and the Managers of the Health Unit in co-ordinating services and in determining priorities, in that programs and proposals may be assessed in regard to their contribution to the attainment of the goal of the organization.

The STATEMENT OF OBJECTIVES very specifically identifies the effects upon its communal environment which the Health Unit wishes to achieve. Objectives are usually defined by a timeframe and should describe how the results will be measured to determine the success of the Health Unit in achieving its goals. The statement of objectives which might be described as a plan, should be updated on an annual basis, and considered in conjunction with the proposed annual budget.

STATEMENTS OF PHILOSOPHY, GOAL, and OBJECTIVES are to be developed for both the total organization (i), and for each program or service (ii).

- (i) For the Health Unit as a whole, recommendations for the STATEMENT OF PHILOSOPHY, GOAL, and OBJECTIVES, can be prepared by Management Committee under the direction of the Medical Officer of Health or alternatively by a committee composed of staff and Board members, to a maximum of four.

The recommendations should be submitted to the Board for review. Once approved, they become the policy of the Board.

- (ii) The STATEMENT OF PHILOSOPHY, GOAL, and OBJECTIVES for each program or service should be defined. Together, the STATEMENTS of all of the programs should be compatible, and should conform to the PHILOSOPHY, GOAL, and OBJECTIVES of the organization.

Each Program or Service Director develops the STATEMENTS OF PHILOSOPHY, GOAL, and OBJECTIVES for his/her program for review by the Management Committee.

The MOH should present the recommendations of the Management Committee to the Board for final review and approval as Board policy. Once approved, the Business Administrator should incorporate the STATEMENTS into the Program Policy Manual and should update them as required.

It is the responsibility of each Program Director to ensure that his/her program conforms in its operations to the approved statements of purpose, and to use these as evaluation tools.

APPENDIX IV

THE DRAFTING OF BY-LAWS

THE DRAFTING OF BY-LAWS RESPECTING THE OPERATIONS OF  
THE BOARD OF THE HEALTH UNIT

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PURPOSE

Most complex organizations find it necessary to establish rules which ensure consistent decision-making, orderly conduct of business, and procedures which are fair to all concerned parties.

Generally these rules are recorded in a set of Operating By-laws and become the responsibility of all members, but particularly, of the officers of the organization. The By-laws should specify the process for calling, conducting, and recording the meetings of the Board. As well, the By-laws should describe the Terms of Reference of the Board, and each of its Standing Committees, and should describe the procedure for electing its officers.

By-laws may be enacted by the Board of the Health Unit pursuant to Section 37(6) of The Public Health Act.

PROCESS FOR DEVELOPING BY-LAWS

Once the Board has determined that its activities, procedures, and affairs should be regulated by by-law, a committee should be established, to draft by-laws which conform to the Statutes of Ontario. This committee could be composed of Board members, and/or staff members under the direction of the Board.

By-laws should be made no more restrictive nor more detailed in specification than necessary. Any existing by-laws should be reviewed, and those of a number of similar organizations should be studied. The composition of by-laws demands clarity and precision, and should be written so as to be impossible to quote out of context.



After the first draft of the by-laws has been completed, it should be examined thoroughly by the full Board. The Committee can then make revisions as appropriate, and submit the final report to the Board, for review and approval.

### CONTENTS

Listed below are basic by-law articles which, while not exhaustive, should be of help in framing specific by-laws for the Board of the Health Unit.

- |              |   |
|--------------|---|
| I. NAME      | The full official name of the organization. i.e. The Board of Health of ----.<br><u>The Public Health Act.</u>  |
| II. PURPOSE  | A concisely expressed statement of purpose, which is general in application as it sets boundaries within which business can be introduced at Board meetings.  |
| III. MEMBERS | Several sections are often included in this article, which set out the provisions for appointment and/or election to membership, term of membership, conditions (if any) for continued membership, resignation, absenteeism, vacancy. |
| IV. OFFICERS | This article should specify the officers required by the Board, beginning with the Chairman, how they will be elected or appointed, (required for Accreditation) and how vacancies shall be filled.                                   |

Generally, the duties of the officers are described in this article and duties which are omitted may be interpreted as not required.

The length of term of office should be specified and the point at which officers are to assume their duties stated. If appropriate, this section might also describe the number of terms of office for which an officer is eligible, if this is to be limited.

#### V. MEETINGS

The first section should fix the regularity of meetings, the day on which regular meetings are to be held, and the circumstances under which the date of a regular meeting would be changed.

Another section should specify which regular meeting will be known as the annual meeting for the purposes of electing officers and receiving annual reports.

A section should authorize the calling of special meetings, state who may call special meetings, and specify the number of days' notice required. Generally no business may be transacted at a special meeting, except that mentioned in the notice.

A section should establish what constitutes a quorum.

And finally, a section of the article should specify any restrictions on attendance at meetings.

VI. MINUTES  
AND AGENDA

This article should establish the procedure for preparing, approving and circulating the agenda of each meeting. The customary order of business comprises the following:

- 1) Reading and Approval of Minutes
- 2) Reports of Officers and Standing Committees (includes correspondence)
- 3) Reports of Special (Ad Hoc) Committees
- 4) Special Orders (items of business which have been made special/orders)
- 5) Unfinished Business
- 6) New Business.

Another article may establish the format of Minutes which will be received by the Board, and the procedure for amending, approving, and maintaining them as an historical record. Unless the Minutes are to be published, they should contain mainly a record of what was decided at the meeting not what was said by the members. The Minutes should never reflect the Secretary's opinion on anything said or done. The facts as to how a motion may have been debated or amended before disposition should only be mentioned briefly.

VII. COMMITTEES

The article on committees should provide for the establishment of each of the standing committees required. A separate section devoted to each of these committees should give its name, composition, manner of selection and duties. No other standing committees than those named can be appointed except by amending the by-laws.

Appointment of special or ad hoc committees should be provided for in a separate section. This section may also provide that certain officers, for example, the Chairman, "shall be ex-officio a member of all committees except the Nominating Committee."

VIII. PARLIAMEN- This article establishes the rules of order  
TARY which will govern the Board. For example,  
AUTHORITY the standards of May's Parliamentary Practice  
may be adopted, which ensures that all  
members are aware of the meeting procedures  
and standards of behaviour which they may  
expect.

IX. AMENDMENT The By-laws should prescribe the procedure  
OF BY-LAWS for their amendment. Specific directions may  
be given as to the type of notice required,  
vote requirements, and the time at which an  
amendment takes effect.

#### SUMMARY

It is not only the responsibility of the Chairman to ensure conformance to the By-laws, but it is also the responsibility of all members. By-laws promote productive, well-planned meetings, and ensure that Board members and committees have a common understanding of their role, and the process for carrying out the business of the organization.

APPENDIX V

PERFORMANCE APPRAISAL MODEL



## PERFORMANCE APPRAISAL

### PURPOSE

Performance appraisal is intended to assist supervisors in planning, organizing and directing the work of their staff. One of the supervisor's most important responsibilities is setting, with staff, goals and targets which are compatible with the goals of the Health Unit.

Performance appraisal shifts the emphasis from an evaluation of the person, as an individual, to an evaluation of job performance. It is based on the premise that employees are entitled to know what is expected of them and how well they are meeting expectations.

The main emphasis of performance appraisal is the measurement of an employee's performance against standards agreed to by both the employee and the immediate supervisor.

### OBJECTIVES

The main objectives of performance appraisal are:

1. to improve employee performance by ensuring that employees know what is expected of them, and how they are meeting these expectations;
2. to assist employees in their personal growth and development; and
3. to encourage open communications between employees and supervisors on work-related matters.

## THE ADVANTAGES

### To Employees

- encourages awareness of what performance is expected of them and the basis of appraisal;
- recognizes areas of greatest potential, and provides the opportunity to further develop and utilize these strengths;
- provides the opportunity for discussion of developmental needs and ideas with supervisors;
- identifies areas where improvement is needed, and provides guidance for the improvement of performance;
- provides the opportunity to openly discuss the job and to raise problems and make suggestions regarding improvements.

### To Supervisors

- helps provide a more effective and efficient work unit;
- helps establish better lines of communication, which can lead to improved employee performance;
- helps identify employee potential or weakness, so the supervisor can provide encouragement or recommend training or other corrective action;
- provides back-up information for sound personnel management decisions.

## PERFORMANCE APPRAISAL CYCLE

The performance appraisal review should be completed by the employee's immediate supervisor. If an employee periodically takes direction from other supervisors, the immediate supervisor should consult those other supervisors regarding aspects of the work they have observed.

The supervisor should ensure that, at the end of the appraisal interview, the employee knows how well he has performed during the appraisal period, where and how he can improve, and what help he can receive in the process.

Appraisals of full-time staff should be done at least annually, however, timing can be tailored to the situation and reflect the needs and performance of the employee. Performance appraisal is used in the process of determining merit increases, promotions, and reassignments, and must reflect or be reflected in collective bargaining agreements, and contracts.

#### CONDUCTING THE PERFORMANCE APPRAISAL

The sample Performance Appraisal Review forms which follow, illustrate both the elements and the phases of a performance review.

SAMPLE FORMAT

PERFORMANCE APPRAISAL

---

Name \_\_\_\_\_

Position \_\_\_\_\_

Appraisal Period \_\_\_\_\_ to \_\_\_\_\_

Date of Appraisal \_\_\_\_\_

Supervisor \_\_\_\_\_

---

The Performance Appraisal Review form should be used as an ongoing record of tasks and responsibilities assigned, results established and degree of success achieved.

Sections            Key responsibility areas, results expected, and  
1, 2, 3            personal growth plan are to be completed at the  
                     beginning of the appraisal period.

Sections            The actual results achieved in relation to those  
4, 5, 6            expected are to be completed at the end of the  
                     review period.

Sections            The analysis of performance is to be completed  
8, 9, 10, 11      after the employee's performance has been  
                     reviewed including supervisor's, and employee's  
                     comments.

TO BE COMPLETED AT THE BEGINNING OF THE APPRAISAL PERIOD

---

## 1. Key Responsibility Areas

- . in order of priority.
- . major areas of responsibility for which results are expected.
- . identified in context of job description and operational plans.
- . various responsibilities grouped in related categories.
- . employee's time, resources and efforts will be concentrated in these areas during appraisal period.

## 2. Results Expected

- . specific results or targets which the employee is to achieve during period.
- . statements of intended outcome rather than required activities.
- . results expressed in measurable terms or as measurements which are observable by employee and supervisor.
- . results are realistic, manageable, challenging.
- . where possible results are described by qualitative and quantitative measures such as dates, times, amounts.

The Key Responsibility Areas and the Results Expected are prepared jointly by the supervisor and the employee, so that each understands the expectations against which performance will be measured.



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3. Personal Growth Plan

To be completed by Supervisor and Employee. List the agreed upon steps to be taken to improve performance and nurture professional growth and indicate any support needed to assist in achieving goals or standards during the appraisal period.

- . areas of strengths and weaknesses identified in previous performance appraisal.
  - . supervisor and employee develop plan to improve weaknesses and capitalize on strengths.
  - . supervisor and employee decide upon required actions by the employee and assistance which will be provided.
-

## TO BE COMPLETED AT THE END OF THE APPRAISAL PERIOD

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4. Results achieved for the  
Appraisal Period

- . supervisor records actual achievements of employee as compared to agreed upon results and targets in key responsibility areas.

- . discussed with employee and indication of employee's understanding received.

- . Independently completed by supervisor and employee.

- . Reviewed and discussed in formal performance appraisal interview.

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6. Personal Growth Plan Results

- . Supervisor and employee review actions taken in personal growth plan.

- . Supervisor and employee discuss effectiveness of plan, and employee's implementation of plan.

Independently prepared and jointly reviewed and discussed as in 4 and 5 above.

## ANALYSIS OF PERFORMANCE

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8. Supervisor's Comments: Summary statement of overall evaluation of employee's performance

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High Achievement Areas

Low Achievement Areas

- . identified by supervisor in performance of employee
  - . discussed by supervisor and employee
  - . reference for future work assignments
  - . identified areas requiring improvement
  - . identified training needs
- 

9. Overall Assessment\*

Well Above  
Standard

Above  
Standard

On  
Standard

Below  
Standard

Well Below  
Standard

---

Supervisor's  
Signature

---

Date

---

10. Employee's Comments:\*

---

Employee's  
Signature

---

Date

---

11. Counter-signing Officer's Comments:\*

---

Counter-signing Officer

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Date

---

\*(see attached reference to 9,10,11)

\*Notes to Performance Appraisal Form

9. Overall Assessment of Performance:

Well above standard	- exceeded all major targets, superior performance.
Above standard	- met all and exceeded some major targets.
On standard	- met the major targets - satisfactory performance.
Below standard	- did not fully meet all major targets - evidence performance is improving.
Well below standard	- failed to meet most targets.

10. The employee should review the complete appraisal form and express in writing any opinion he may have with regard to any section of the assessment. If he disagrees with the assessment, this is the opportunity to state such objections.

11. Counter-signing Officer:

In most cases, the counter-signing officer will be the Medical Officer of Health. For senior staff who report directly to the Medical Officer of Health, the performance appraisal is conducted by the Medical Officer of Health and no counter-signing officer is required.

The counter-signing officer's responsibility is not to re-assess the employee's performance but rather to ensure that the immediate supervisor's comments have been completed fairly and accurately.

The counter-signing officer also rules on items of disagreement between employee and supervisor and ensures that the employee has been given the opportunity to express his comments in writing.

In cases where the counter-signing officer's judgement is significantly different from that of the supervisor, he should discuss the differences and, where possible resolve them with the supervisor.

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REFERENCES:

- . Government of Ontario, Ministry of Health. Management Manpower Planning and Development Program.
- . Government of Prince Edward Island, Civil Service Commission. Performance Appraisal Manual.
- . Mollenhoff, D.V. "How to measure work by Professionals", Management Review, November, 1977.
- . Van Dassen, D. "An Employee Performance Appraisal Program", Dimensions in Health Service, December, 1979.



## APPENDIX VI

### ROLE DESCRIPTIONS

A.	BUSINESS ADMINISTRATOR	VI-1
B.	SUPPORT SERVICES MANAGER	VI-5
C.	MANAGEMENT COMMITTEE	VI-11
D.	PROPOSED ORGANIZATION CHART	VI-11

DETAILED ROLE DESCRIPTION  
BUSINESS ADMINISTRATOR  
(new position)

The Business Administrator reports to the Medical Officer of Health and is responsible for duties assigned, and described below.

BUDGET PREPARATION

- . Prepares and submits to each Service Director, the Office Manager, and Clinic Directors, guidelines for preparation of the annual Budget.
- . Annually prepares a comprehensive Budget Report (See Appendix II) for submission to the Management Committee for review before submission to the Finance, Personnel and Property Committee and the Board.
- . Provides technical support to the Medical Officer of Health, in the budget process.

FINANCIAL ADMINISTRATION

- . Prepares analysis of approved Budget for submission to the Management Committee.
- . Prepares specific program or service budgets to coincide with approved Budget.
- . Prepares analysis of monthly reports of expenditures from each program and Clinic, comparing expenditures with approved Budget, and submits analysis to Management Committee prior to submission to the Board.
- . Approves expenditures for minor capital, or purchase of service, in line with the approved Budget, providing these expenditures do not exceed the dollar limit established in Board policy.

PERSONNEL ADMINISTRATION

- . Prepares draft personnel policies and submits these to the Management Committee.
- . Monitors the application of personnel policies.
- . Ensures that Board policies and guidelines are observed by the Bargaining Team selected to negotiate collective agreements on behalf of the Board, and is a member of the Bargaining Team.
- . Develops a schedule for performance appraisals of all staff.
- . Ensures that all senior staff understand the use and process of the performance appraisal system adopted by the Board.
- . Supervises directly the Support Services Manager and has management responsibility for all clerical staff.

COMMUNICATIONS

- . Develops and supervises the maintenance of an information storage and retrieval system which is cost effective and has regard for the confidentiality of client and staff information.
- . Maintains all policy manuals and ensures their accessibility.
- . Co-ordinates the preparation of brochures and other materials designed to inform the public of Health Unit services.

PLANNING AND CO-ORDINATION

As a full member of the Management Committee:

- . Provides financial data and analyses to the Committee and assists in interpreting and applying this information.
- . Assists in development, monitoring and review of operational plans.
- . Co-ordinates plans for support services with other service plans developed.
- . Submits to the Management Committee, an estimate of financial implications of all proposals developed for submission to the Board. This financial analysis should form part of any proposal submitted to the Board.

SECRETARIAL SUPPORT TO THE BOARD

- . Records the Minutes of all Board meetings in accordance with a format approved in the Procedural By-laws of the Board.
- . Circulates Board Minutes to all members of the Board, and others as requested by the Board, at least four working days in advance of each regular meeting of the Board.
- . Prepares an agenda as directed by the Chairman of the Board, for each Board meeting and circulates the agenda to all Board members and others as requested by the Board, at least ten days in advance of each Board meeting.
- . Maintains an official record of Board Minutes and Agendas which may be examined, under supervision, by a member of the public.

- . Ensures that any correspondence received on behalf of the Board and requested by the Board is prepared, recorded, and brought to the attention of the Chairman.
- . Verifies all financial reports to the Board including the Budget, and maintains these in the official records of the Board.

#### QUALIFICATIONS

- . Academic background in business administration, preferably at the post-graduate level with emphasis in accounting, personnel management, financial analysis, organization development; understanding of public corporations.
- . Minimum of two years' managerial experience or experience as financial analyst.
- . Knowledge of the Hamilton-Wentworth area an asset.

DETAILED ROLE DESCRIPTION  
SUPPORT SERVICES MANAGER  
(new position)

Reporting to the Business Administrator, the Support Services Manager ensures that efficient administrative support services are provided in the Health Unit head office, and its field offices, and that administrative staff are appropriately and efficiently used.

PROPERTY MANAGEMENT

- . Ensures that adequate and appropriate office and building space is available, is well- maintained, and that facilities meet health and safety standards, and are as consistent as possible across all services.
- . Participates in negotiating contracts with agencies to provide such services as grounds maintenance, building and equipment repairs, and janitorial service.
- . Develops long range projections of property, office accommodation, and equipment needs.

PURCHASING AND INVENTORY

- . Prepares annual forecast of equipment and supply needs.
- . Prepares all requests for purchases of office equipment and ensures that goods received are as ordered.
- . Ensures the proper functioning of all machinery and equipment owned or leased by the Health Unit.
- . Purchases and is responsible for availability of office supplies.



- . Institutes and is responsible for an inventory control system (e.g, continuous inventory).

#### FINANCIAL ADMINISTRATION

- . Prepares and submits to the Business Administrator, an annual budget for the operating costs of administration, property, plant, and equipment. Specifically, the budget for administration should include:

- i) Projected expenditures in the areas of:

- . clerical staff salaries;
    - . staff benefits including staff development;
    - . office supplies;
    - . office equipment - repairs, purchases;
    - . leasing costs;
    - . property costs, including rent.

- ii) Projected Revenues:

- . e.g., sale of old equipment.

- iii) Comparative Financial Statements for previous two years.

- . On a monthly basis, submits to the Business Administrator a statement of comparative expenditures.
- . Is responsible for petty cash disbursements and is responsible for processing all approved expense claims.

#### PERSONNEL ADMINISTRATION

- . Directly supervises all clerical staff.
- . As required, but at least annually, conducts performance appraisals of all clerical staff, utilizing appropriate input from Department Heads and Program Supervisors.
- . Ensures that adequate clerical support is always available to all Departments, particularly during peak vacation periods.

- . As part of his planning role, prepares an annual forecast of clerical staffing changes.
- . Develops a staff training and development package for clerical staff which ensures that those who so desire have the opportunity to achieve their full potential and maximize their contribution to the work of the Health Unit.

#### PUBLIC RELATIONS AND LIBRARY

- . Maintains a library of current periodicals, texts, pamphlets and related literature, and circulates to Department Heads a list of current acquisitions, and relevant articles. These lists might also be posted to ensure that all staff are aware of library acquisitions.
- . Ensures that current pamphlets regarding Health Unit services, and health protection and improvement are distributed to key locations in the community.

#### QUALIFICATIONS

- . Minimum 3 to 5 years administrative experience.
- . Demonstrated ability to supervise support staff.
- . Knowledge of office procedures, purchasing and property management.
- . Post-secondary education in administration an asset.
- . Knowledge of Hamilton-Wentworth area.

DETAILED ROLE DESCRIPTION  
MANAGEMENT COMMITTEE

COMPOSITION

The Management Committee is chaired by the Medical Officer of Health and is comprised of the Medical Officer of Health, the Business Administrator, the Directors of Service and (until some decision is made regarding this Program) the Director of the Child and Adolescent Services Unit.

PURPOSE

- . The Management Committee is the focus of staff planning and management functions. It ensures co-ordination among Programs, and with other Services in the community, implements Board policy and acts as a forum for information exchange among senior staff.
- . The Management Committee acts in a directly supportive role to the Medical Officer of Health and provides the means for senior staff input to policy development.

PLANNING AND CO-ORDINATION

- . The Management Committee recommends to the Board meaningful objectives and priorities for the Health Unit as a whole and for each of the services. These should be coordinated, appropriate to the needs of the community, in compliance with Provincial requirements, and should include measurements by which results may be monitored.

- . The Management Committee assists the MOH in assessing public health needs in the community and developing plans or proposals to meet those needs. The Committee collects and analyses epidemiological and service data, and under the direction of the MOH, utilizes this information in both its planning and program review functions.
- . Based upon analysis of assessed needs, program reviews, budget constraints and Provincial and Municipal directions, the Management Committee develops an annual plan which is submitted to the Board and its Committees for review and approval.

#### BUDGET PREPARATION

- . The Management Committee reviews the draft Budget submission prepared by the Business Administrator and ensures that it complies with Provincial and Municipal guidelines and conforms to the goals and objectives of the organization. The Committee also ensures that the Budget Report, (Appendix II) which is prepared for review by the Board and its Committee, includes sufficient financial information and comparative data analysis for the Board to make appropriate decisions regarding the budget submission.

#### FINANCIAL ADMINISTRATION

- . On an ongoing basis, the Management Committee reviews the comparative summary of expenditures prepared by the Business Administrator for submission by the Medical Officer of Health to the Finance, Personnel, and Property Committee and the Board. If expenditures not approved in the Budget are proposed, the Management Committee reviews the proposal and prepares its recommendations for review by the Board and its Committee(s).

- . The Management Committee monitors the expenditure of funds by each Service in relation to others and to the Health Unit as a whole. This trend analysis, prepared by the Business Administrator, provides useful information for planning, performance appraisal, and budget preparation.

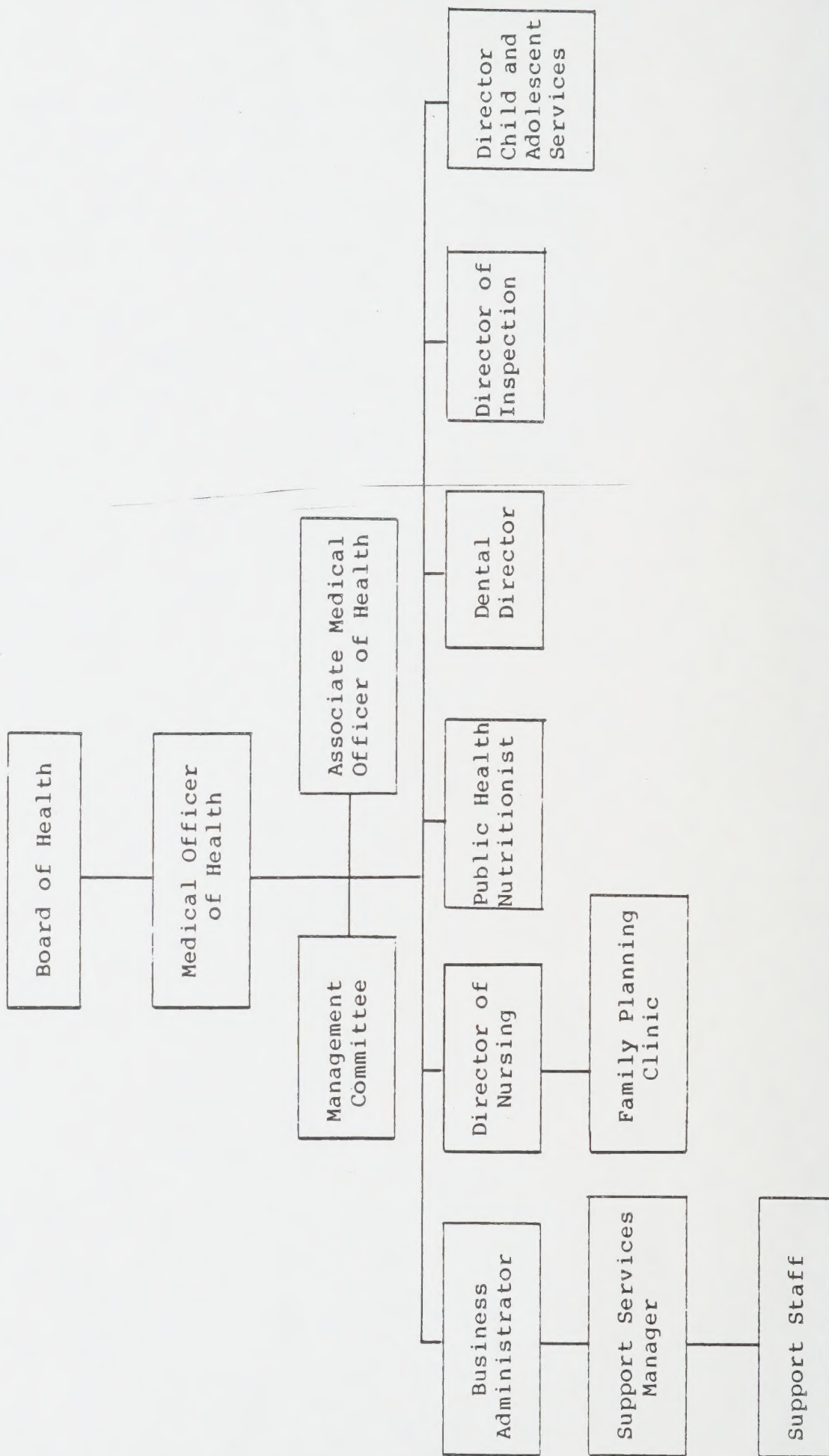
#### SUMMARY

- . The Management Committee is the centre of management's planning, co-ordinating and budgeting activities, and is the operational nucleus of the organization. The effectiveness of the Management Committee relies upon its proper use by management staff and the responsible leadership of the MOH. An effective Management Committee is the key to a strong organization, informed staff and Board members, and optimal use of resources.



SUGGESTED ORGANIZATION CHART

Hamilton-Wentworth Regional  
Health Unit





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